

SPECIAL ACCOMMODATION REQUEST FOR EXAMINATION

In compliance with The Americans with Disabilities Act (ADA), Public Law 101-336, the Contractors State License Board (CSLB) provides "reasonable accommodations" for applicants with disabilities that may affect their ability to take required examinations. It is the applicant's responsibility to notify the CSLB of alternative arrangements needed. The CSLB is not required by the ADA to provide special accommodations if we are unaware of your needs. The information requested below and any documentation regarding your disability will be considered strictly confidential and will not be shared with any outside source without your express written premission.

NAME:

(First)

(Middle)

(Last)

ADDRESS:

DAYTIME
PHONE #:

(Area Code)

DISABILITY:

Is your disability observable? ☐ Yes ☐ No

REQUIREMENTS FOR SPECIAL ACCOMMODATION REQUESTS:

If your disability is observable and your request does not involve modifying examination procedures, but is limited to wheelchair space, special seating or equipment needs, it is not necessary to obtain professional verification.

If your disability is not clearly observable, you are required to submit documentation from the medical authority or learning institution that rendered a diagnosis. Verification must be submitted to the CSLB on the letterhead stationery of the authority or specialist and include the following:

- Description of the disability and limitations related to testing
- Recommended accommodation/modification
- Name, title and telephone number of the medical authority or specialist
- Original signature of the medical authority or specialist
- Professional license or certification number of the medical authority or specialist

If you have previously been granted special testing accommodations by an organization that required documentation to verify your disability, the CSLB may accept a copy of the verification, provided you submit the name, address and telephone number of the medical authority, specialist or learning institution that prepared the documentation. Complete the designated section on the reverse side of this form.

Check any special accommodations you require (requests must concur with documentation submitted):

☐ Wheelchair Access

☐ Extended Testing Time

☐ Reader (as accommodation for visual impairment)

Additional time requested: _____
(Normal testing time is 2½ hrs. per exam)

☐ Reader (as accommodation for learning disability)

☐ Other _____

BOTH SIDES OF THIS FORM MUST BE COMPLETED IN ORDER TO PROCESS YOUR REQUEST

OFFICE USE ONLY

☐ Applicant contacted ☐ Examination(s) Scheduled ☐ Accommodation
☐ Documentation verified Site: _____ Exam(s): _____ / _____ Letter Sent
☐ Approved ☐ Denied Date: _____ Time(s): _____ ☐ Site Notified

APPLICATION FEE NO. _____

Reviewed by: _____ Comments: _____

In order to make the necessary arrangements to accommodate your needs, all requests and supporting documentation should be submitted to the CSLB as soon as possible.

NOTE: CSLB operates a Computer Assisted Testing (CAT) program in Test Centers throughout the state. All locations are wheelchair accessible. Examination(s) are administered on a computer at an individual test station. To take the examination, you will only use four arrow keys and the space-bar. A Test Monitor will assist you with a "sample exam" prior to your scheduled examination. If you have any questions or need assistance determining whether you may require special accommodations, you may call 1-800-321-CSLB.

IF YOU HAVE PREVIOUSLY TAKEN A CSLB EXAMINATION WITH SPECIAL ACCOMMODATIONS CHECK HERE ☐ AND SEE NUMBER 3 BELOW.

1 APPLICANTS REQUIRING NEW VERIFICATION:

- Return this completed form to the CSLB with your application
- Contact the necessary medical authority, specialist or organization you wish to verify your disability and request that the documentation listed on the reverse side of this form be sent to:

Contractors State License Board
ATTN: Testing & Administrative Support Unit
P.O. Box 26000
Sacramento, CA 95826

2 APPLICANTS WITH PREVIOUS VERIFICATION:

- Return this completed form to the CSLB with your application
- Attach a copy of the previous verification of your disability
- Provide the following information for the medical authority or specialist who verified your disability:

Name: _____

Address: _____

Telephone No. _____

3 APPLICANTS PREVIOUSLY GRANTED SPECIAL ACCOMMODATIONS BY THE CSLB

- If you have a permanent disability, with supporting documentation on file with the CSLB, you are not required to resubmit verification.

All requests are considered on a case by case basis. If your request involves modification of examination procedures, it will be necessary for testing staff to speak with you regarding specific arrangements. Therefore, it is **IMPORTANT** that you provide a daytime telephone number. You will receive written confirmation once all requirements have been met.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature: _____ Date: _____

DO NOT RETURN THIS FORM IF SPECIAL ACCOMMODATIONS ARE NOT NEEDED